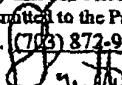


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of:) Group Art Unit: 1325
 Joselyn Chow) Examiner: Joshua A. Kading
 Serial No.: 09/746,198) Attorney Docket: 92074-111
 Filed: December 26, 2000)
 For: RESOURCE ALLOCATION FOR CHANNELS IN WIRELESS NETWORKS)
 The Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450
 U.S.A.

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office Fax No. (703) 872-9306 on June 24, 2004.

Signature 
 Ronald D. Faggetter
Typed or printed name of person signing this certificate

Dear Sir:

Customer No. 22463

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	15 =	1	X \$18.00	\$ 0.
INDEP. CLAIMS	7 -	6 =	1	X \$88.00	\$ 86.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$86.00

- (2) No additional fee is required for amendment.
 Please charge Deposit Account No. 19-2548 in the amount of \$ 86.00. A duplicate copy of this sheet is enclosed.
 Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered. Please charge the fees required therefor to Deposit Account No. 19-2548.
 A check in the amount of _____ to cover the filing fee is enclosed.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2548. A duplicate copy of this sheet is enclosed.
 Any additional filing fees required under 37 C.F.R. 1.18.
 Any patent application procession fees under 37 C.F.R. 1.12.

Date: June 24, 2004
 08/26/2004 DALEXHO 00000000 19-2548 09746198

01 FC:1201

RE: OA DA
 RDF/PAC/JDS
 Enclosure
 92074-111

Ronald D. Faggetter (Reg. No. 33,345)
 SMART & BIGGAR
 438 University Avenue, Suite 1500, Box 111
 Toronto, Ontario, Canada MSG 2K8
 Tel: 416-593-5514 Fax: 416-591-1690

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/746198

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20=	0
INDEPENDENT CLAIMS	6 minus 3=	3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	355.00	BASIC FEE	710.00
X\$ 9=		X\$18=	
X40=		X80=	240
+135=		+270=	
TOTAL		TOTAL	950

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			**	=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			**	=
Total	16	Minus	20	=
Independent	7	Minus	10	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	860
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	860

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			**	=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.